

Certified Mail #7008 1830 0000 5112 3438 Return Receipt Requested

ENVIRONMENTAL ASSISTANCE CENTER TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION 2305 SILVERDALE ROAD

JOHNSON CITY, TENNESSEE 37601-2162

(423) 854-5400

STATEWIDE 1-888-891-8332

FAX (423) 854-5401

May 27, 2009

Mr. Jack Barnes Director of Schools Sullivan County Department of Education P.O. Box 306 Blountville, TN 37617

RE:

Compliance Evaluation Inspections/Notice of Violation NPDES Permit # TN0025151, TN0059641, TN0025135, TN0025178 Sullivan County West Middle School, Central Heights Elementary School, East High School, and Akard Elementary School Sullivan County

Dear Mr. Barnes:

Personnel from this office conducted a Compliance Evaluation Inspection at the above referenced facilities on May 1, 2009.

Results of the inspections are provided below:

Operations:

The effluent appeared fairly clear at all four plants. Records indicate that there have been some violations with some of the permits for plant upsets from overuse of disinfectants in the cafeteria. This is a fairly common problem in school systems due to lack of education for cafeteria workers in using the prescribed amount of bleach or disinfectant. This results in extra operating costs for the school system, since the sewage plant has to be pumped out and hauled to a municipal wastewater plant, as well as permit violations and pollution to the receiving stream.

Maintenance:

All of the plants need painting. Akard Elementary plant is rusted beyond repair; however, it appears to still be providing adequate treatment. East High School plant blower #3 was inoperable. This needs to be repaired as soon as possible. Sullivan West Middle School plant had two pumps out in chlorine contact chamber that need to be repaired.

Safety:

The buildings storing the chlorine tablets and hypochlorite solution for disinfection of the wastewater must be vented properly in accordance with OSHA regulations. A vent with an

Mr. Jack Barnes May 27, 2009 Page 2

operating fan that can be turned on from the outside of the building must be installed before the building can be entered safely.

Laboratory:

The method of analysis for E. Coli is currently not an approved method under 40 C.F.R. Part 136. Hach Company has suspended this analysis method until further notice. Please use another approved method or outsource the analyses for E. Coli through an environmental laboratory. The laboratory at the Sullivan County Maintenance Department needs a controlled climate in order to maintain the incubator and drying ovens at the required temperatures. Upgrading the central heat and air ductwork, or supplying a window unit air conditioner for the hotter months, is required in order to run a valid test.

This is a violation of *The Tennessee Water Quality Control Act of 1977*. This letter will serve as a formal Notice of Violation and by copy will inform our Enforcement and Compliance Section of the violations.

Violations of the Act may subject you to civil penalties for each day the violation occurs or continues. In order to come into compliance with the Act, you must take the following actions:

Address all the above mentioned items and provide a schedule of implementation.

If you have any questions, please call me at 423/854-5453.

Sincerely,

Tina Robinson

Division of Water Pollution Control Johnson City Environmental Field Office

TAR/15029147

CC: Enforcement and Compliance Section, Nashville

.€.FP∆		mental Protection Agency on, D.C. 20460		
W	<u> </u>	e Inspection Rep	ort	
		nal Data System Coding (i.e		
1	PDES [2 5 / 3 J] ¹¹ 12	yr/mo/day Ir 2 <u>0 9 0 5 0 /</u> 17 Remarks	nspection Type	Inspector Fac Type
21		1 1 1 1 1 1		
Inspection Work Days Facility Self-M	onitoring Evaluation Rating	BI QA 71 72	73 74	Reserved
		ction B: Facility Data		
Name and Location of Facility Inspectinclude POTW name and NPDES peri	ed (For industrial users disc mit number)	harging to POTW, also	Entry Time/Date	Permit Effective Date
East High So Bluff Cody, Su	hool		0815 5/	1/09 4/1/08
Bluff Copy, Su	Miran Courty	-	Exit Time/Date	Permit Expiration Date
			1400 5/1/	09/0/30/12
Name(s) of On-Site Representative(s).		mber(s)	Other Facility Dat	a (e.g., SIC NAICS, and other nation)
David Jester				
Lab Tech	0 (102) 2			
(423) 354-116	i			
Name, Address of Responsible Officia		oer Contacted		•
Mr. Jack Barn Director of Scho	70/5 Sull. Co Dea	√y ☐ Yes 🗷 No		
f.O. Box 306 Blountville, TN	37(17 Edu	ecutra		
		ing Inspection (Check only	those areas eval	uated)
Permit	Self-Monitoring P			MS4
Records/Reports	Compliance Sche	 	rention	
Facility Site Review Effluent/Receiving Waters	Laboratory Operations & Mai	ntenance Storm Water Combined Se	wer Overflow	
Flow Measurement	Sludge Handling/	 		
(Attach additional st		ummary of Findings/Comme ecklists, including Single Ev		las as necessary)
SEV Codes SEV Description				•
		See AHa	ched Le	tter
	V.			
			•	
Name(s) and Signature(s) of Inspector	(s)	Agency/Office/Phone and Fa	x Numbers	Date
				· .
Ting Robinson Vine	(Shinn	THECHWPCLICEFO 4	854-50 123-854-54	53 5/1/09
_	s Warre	TREC/NPC/TITES	754-5446	5-1-09
Signature of Management Q A Review		Agency/Office/Phone and Fa	x Numbers	Date
lother K Horler		That I can		4-8-09

Water Compliance Inspection Report		mental Protection Agency n, D.C. 20460			
Transaction Code NPDES NPDES NPDES NPDES NET Transport	Water Compliance	Inspection Repo	ort		
Time Section	Section A: Nation	al Data System Coding (i.e	e., PCS)		
Inspection Work Days Facility Self-Monitoring Evaluation Rating 81 72 75 74 75 8 9 8 76 77 75 75 76 77 78 9 9 8 77 9 9 77 9 9 77 9 9 9 77 9 9 9 9	1			lr	
Section G. Facility Data Section B: Facility Data Name and Location of Facility Inspected (Fire industrial users discharging to POTW, also include POTWI name and WIDES germit rumber) Birstol , Sulfurar County, Termence Birstol , Sulfurar County, Termence Birstol , Sulfurar County, Termence David Taylor Lat Tock (423) 354-1160 Name, Address of Responsible Official/Tile/Phone and Fax Number(s) David Taylor Lat Tock (423) 354-1160 Name, Address of Responsible Official/Tile/Phone and Fax Number Mr. Tark Barners Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Experiment Permit Expiration Date 1405 1/99 November 30, 20/12 Other Facility Data (a.g., SIC NAICS, and other descriptive information) Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Expiration Date 1405 1/99 November 30, 20/12 Other Facility Data (a.g., SIC NAICS, and other descriptive information) Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Expiration Date 1507 1/99 November 30, 20/12 Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Expiration Date 1508 November 30, 20/12 Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Expiration Date 1508 November 30, 20/12 Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Expiration Date 1508 November 30, 20/12 Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Expiration Date 1508 November 30, 20/12 Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Expiration Date 1508 November 30, 20/12 Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Section D: Summary of Findings/Comments Adams Name(e) and Signature(e) of Inspector(e) Agency/Office/Phone and Fax Numbers Date 1509 November 30, 20/12 Date Facility Date (e.g., SIC NAICS, and other date of the	21				6
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW and Potential Segment numbers of Norman and NiPotes Segment numbers of Norman and NiPotes Segment numbers of Name (a) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Name (a) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Name (b) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Name (b) of On-Site Representative(s)/Title(s)/Phone and Fax Number Contacted Name (c) of On-Site Representative(s)/Title(s)/Phone and Fax Number (423) 354-1/66 Name, Address of Responsible Official/Title/Phone and Fax Number Contacted Name (c) of Site Representative (c) Title(s)/Phone and Fax Number Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Permit Time/Date (423) 354-1/66 Other Facility Date (a. 5, SIC NAICS, and other dearrights information) Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Single Manual Preference (a. 5) Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Single Manual Preference (a. 6) Section D: Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Single Manual Preference (a. 6) Section Water Compliance Schedules Solition Water Combined Sewer Overflow Sanitary Sewer Overflow Serv Description Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, Including Single Event Violation codes, as necessary) SEV Codes SEV Description Section D: Summary of Findings/Comments Agency/Office/Phone and Fax Numbers Date Time Sharth James Water Agency/Office/Phone and Fax Numbers Date			73 74		
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Durich Tester Late Tester	Sec	ction B: Facility Data			
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Durich Tester Late Tester	Name and Location of Facility Inspected (For industrial users discrinclude POTW name and NPDES permit number) Akad Elementary School	narging to POTW, also	5/1/0	9	
Bound Tester Lat Tech (423) 354-1160 (423) 354-1166 Name, Address of Responsible Official/Title/Phone and Fax Number Contacted Pack Barnes Contacted Pack Barnes Rocards/Reports Facility Site Review Effluent/Receiving Waters Findings/Comments Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary) SEV Codes SEV Description Name(s) and Signature(s) of Inspector(s) Name(s) and Signature(s) of Inspector(s) Time Rebinson James Warran Agency/Office/Phone and Fax Numbers Date Agency/Office/Phone and Fax Numbers Date Agency/Office/Phone and Fax Numbers Date	Bristol, Sullivar County, Te	Innessel		1/09	1
Name, Address of Responsible Official/Title/Phone and Fax Number Main Took Barnes	David Tester	nber(s)	Other Facility I descriptive info	Data (e.g. ormation)	, SIC NAICS, and other
Americal Schools Sallwan G. Dept. getwo. Tel. 354-//60 Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Self-Monitoring Program Pretreatment MS4 Records/Reports Compliance Schedules Pollution Prevention Facility Site Review Laboratory Storm Water Effluent/Receiving Waters Operations & Maintenance Combined Sewer Overflow Flow Measurement Sludge Handling/Disposal Sanitary Sewer Overflow Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary) SEV Codes SEV Description Sec A Hack Letter Agency/Office/Phone and Fax Numbers Date Time Results Maintenance Combined Sever Overflow Agency/Office/Phone and Fax Numbers Date Time Results Maintenance Combined Sever Overflow Agency/Office/Phone and Fax Numbers Date Time Results Maintenance Combined Sever Overflow Agency/Office/Phone and Fax Numbers Date Time Results Maintenance Combined Sever Overflow Agency/Office/Phone and Fax Numbers Date Time Results Maintenance Combined Sever Overflow Agency/Office/Phone and Fax Numbers Date	Name, Address of Responsible Official/Title/Phone and Fax Number	er			
Section C: Areas Evaluated During Inspection (Check only those areas evaluated) Permit Self-Monitoring Program Pretreatment MS4 Records/Reports Compilance Schedules Pollution Prevention Storm Water Combined Sewer Overflow Storm Water Combined Sewer Overflow Storm Water Suludge Handling/Disposal Sanitary Sewer Overflow Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary) SEV Codes SEV Description SEV Description Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary) SEV Codes SEV Description Sec Attach Letter Agency/Office/Phone and Fax Numbers Date Time Robins Main June June June June June Jule Jule Jule Jule Jule Jule Jule Jul	Priector of Schools Sallwan Co. Dept.	g Educ. ☐ Yes \ No			
Permit		· · · · · · · · · · · · · · · · · · ·	hose areas e	valuated)
(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary) SEV Codes SEV Description See Attached Letter Name(s) and Signature(s) of Inspector(s) Agency/Office/Phone and Fax Numbers Date Tina Robinsm Lain town Tina Robinsm Lain town The Child Toffice Agency/Office/Phone and Fax Numbers Date The Child Toffice Agency/Office/Phone and Fax Numbers Date Agency/Office/Phone and Fax Numbers Date Date The Child Toffice Agency/Office/Phone and Fax Numbers Date	Permit Records/Reports Facility Site Review Effluent/Receiving Waters Self-Monitoring Pro Compliance Scheo Laboratory Operations & Main	ogram Pretreatment dules Pollution Prev Storm Water tenance Combined Sev	ention wer Overflow		
SEV Codes SEV Description See Attached Letter See Attached Letter Agency/Office/Phone and Fax Numbers Date Tina Robinsm Lain tolian Tames Walsen James Manor Signature of Management Q A Reviewer Agency/Office/Phone and Fax Numbers Date Date Agency/Office/Phone and Fax Numbers Date Date Date Date Date Date Date				odes as	s necessary)
Tina Robinson Lin Wolfen MEC/WC/JCEFO 423 854 540 Kas 5/1/09 Tumes Walten James Waren TWEC/WC/JCEFO 423-854-5446 5/1/09 Signature of Management Q A Reviewer Agency/Office/Phone and Fax Numbers Date		•			
Tina Robinson Lin Wolfen MEC/WC/JCEFO 423 854 540 Kas 5/1/09 Tumes Walten James Waren TWEC/WC/JCEFO 423-854-5446 5/1/09 Signature of Management Q A Reviewer Agency/Office/Phone and Fax Numbers Date					
Time Kobinson Lan 18/20 TBEC/WRC/JCEFO 423 854 5453 5/1/07 Tumes Walten James Waron TWEC/WRC/JCEFO 423 854 5446 5/1/09 Signature of Management Q A Reviewer Agency/Office/Phone and Fax Numbers Date	Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax	x Numbers		
Signature of Management Q A Reviewer Agency/Office/Phone and Fax Numbers Date	Tina Robinson Jan & Strin	DEC/WPC/JCEFO 4	23 854 54	53 53	5/1/09
		THEC/WAC/JCFFO	423-854	5446	5/1/09
Affrey B Hover 1086/WDC 6-8-07	Signature of Management Q A Reviewer	Agency/Office/Phone and Fax		-	6-8-09

United States Environmental Protection Agency Washington, D.C. 20460		
Water Compliance Inspection Repo	ort	
Section A: National Data System Coding (i.e	., PCS)	
Transaction Code NPDES yr/mol/day In 1 2 5 3 7 M 0 0 5 9 6 4 1 11 12 0 9 0 5 0 / 17 Remarks	spection Type	Inspector Fac Type 19 20 2
21		66
Inspection Work Days Facility Self-Monitoring Evaluation Rating BI QA 67 69 70 71 72		Reserved5
Section B: Facility Data		
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Central Heights Elementary School Blountville, Sullivan County	Entry Time/Date 08/5 5/1/09 Exit Time/Date	Permit Effective Date Permit Expiration Date
Mountous, survan County.	1400 5/1/09	11/26/08
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) David Tester	1 1 1	g., SIC NAICS, and other
Lab Technician		
(423) 354-1160 (423) 354-1160 (4x)		
Name, Address of Responsible Official/Title/Phone and Fax Number Contacted P.O. Box 306 Garage Garage Contacted Yes X No		
Blountville, TN 37617 354-1000		
Section C: Areas Evaluated During Inspection (Check only to Permit Self-Monitoring Program Pretreatment Compliance Schedules Pollution Previous Facility Site Review Laboratory Storm Water Combined Set Compliance Schedules Pollution Previous Measurement Sludge Handling/Disposal Sanitary Sewer Services Storm Water Combined Set Compliance Schedules Pollution Previous Measurement Sludge Handling/Disposal Sanitary Sewer Section C: Areas Evaluated During Inspection (Check only to Permit Program Pretreatment Pollution Previous Program Pretreatment Program Pretreatm	ention Wer Overflow	
Section D: Summary of Findings/Comme		
(Attach additional sheets of narrative and checklists, including Single Events SEV Codes SEV Description ,		
DDDD See Att	ached Le	Her
		·
		•
		•.
Name(s) and Signature(s) of Inspector(s) Agency/Office/Phone and Fax	x Numbers	Date
Tina Robinson Law Volum TOECIWACITCET	423 854-54 D 423 854-54	5/1/10 5/1/19

The July Jeff 423 -8
Agency/Office/Phone and Fax Numbers

423-854-5446

Date

EPA Form 3560-3 (Rev 1-06) Previous editions are obsolete.

Tames Warren James Warren Signature of Management Q A Reviewer

	mental Protection Agency n, D.C. 20460		
Water Compliance	e Inspection Rep	ort	
Section A: Nation	nal Data System Coding (i.e	e., PCS)	
Transaction Code NPDES 1 2 5 3 7 N 0 0 2 5 1 11 12	yr/mo/day Ir 0 3 0 3 17 Remarks	nspection Type	Inspector Fac Type
21			
Inspection Work Days Facility Self-Monitoring Evaluation Rating 67 67 70 70 70	BI QA 71 72	73 74	Reserved
Sec	ction B: Facility Data		
Name and Location of Facility Inspected (For industrial users discinctude POTW name and NPDES permit number) Sillivan West Middle School	harging to POTW, also	Entry Time/Date 8:45	Permit Effective Date ag June 30, 2008
Kingsport, Sullivan Co., Tenne		Exit Time/Date	Permit Expiration Date
Mergyport, Source W., Ilmi	assel	1400 5/4	69 June 30, 2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Nun David Teslar	nber(s)	Other Facility Data descriptive inform	a (e.g., SIC NAICS, and other ation)
Lat Tech. (423)354-1160 (423) 354	· 11/2		
Name, Address of Responsible Official/Title/Phone and Fax Numb Mr. Glenn Arwood JACK BAR. Director of Schools Sullvan Co. E	NES Contacted Spt Educ Yes No		
P.O. BOX 386 Blowtrell TN. 37617			
Section C: Areas Evaluated Duri	ing Inspection (Check only	those areas evalu	uated)
Permit Records/Reports Facility Site Review Effluent/Receiving Waters Flow Measurement Self-Monitoring Pr Compliance Sche Laboratory Operations & Main Sludge Handling/E	dules Pollution Prev Storm Water Combined Ser	wer Overflow] MS4
Section D: Su	mmary of Findings/Comme	nts	
(Attach additional sheets of narrative and che SEV Codes SEV Description	ecklists, including Single Ev	ent Violation cod	es, as necessary)
	- See Att	tached .	Letter
			
Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fa	x Numbers	`Date
Tina Robinson Fine Offin	TOEC/WPC/JCEFO 4	423 854-54 123-854-54	(5) (6) (6) (1) (9)
Tumes Warren James Waner	TOEC/WA / JCEFO	423-854-59	-1.1
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax	Numbers	Date
Jeffers 19 Halin	TOEL/ WILL		6.809
A Com 3560 (Rev 1-06) Previous editions are obsolete.			